Rec'd PCT/PTO 3 1 MAY 2005

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			POLYT 9351 WO-US		
	Attorney Docke	t No.	Sunil Shaunak		
	First Named		Sunii Snaunak		
POWER OF	Inventor		To Do Assigned		
ATTORNEY &	Application Nu	Application Number To Be Assigned GLYCODENDRIMERS			
CORRESPONDENCE ADDRESS	Title		THERAPEUTIC APPLICATION		
INDICATION FORM	Filing Date	Filing Date 10/15/2004			
	Priority Date		04/19/2002		
	Art Unit		To Be Assigned		
•	Authorized Off	icer	To Be Assigned		
I hereby appoint: X Practitioners at Customer	Number00001	3 <u>9843</u>	or		
☐ Practitioner(s) named belo	iw.	Regis	stration Number		
Name		43,49			
ADAM W. BELL		44,81			
MATTHEW R. KASER			pplication identified above, and all nuations, RCEs, CPAs, CIPs, PCT		
related applications (including all divisionals, contituations, RCEs, Carts, applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, European and other international applications) and to transact all business in applications, and in applications in applications in applications, and in applications in applications, and in applications in applications and to transact all business in applications, and in applications in applications and to transact all business in applications, and the applications are applications.					
Firm or Individual Name	BELL & ASSO	CIATE	<u>SS</u>		
Address	416 FUNSTON	AVEN	NUE		
City	SAN FRANCIS	CO	Zin 94118		
Country USA	State CA	1 /44			
Telephone (415) 752-4085 Fax (415) 276-6040					
I am the: IMApplicant/Inventor IMApplicant/Inventor IMApplicant/Inventor IMApplicant/Inventor IMApplicant/Inventor IMASSIGNE of record of the entire interest. See 37 C.F.R. 3.71. IMASSIGNE of Applicant of Assignee of Record SIGNATURE of Applicant or Assignee of Record					
SIGN	ATURE 91 Appu	canto	r Assignee of Necolo		
Name Sunil Shar		<i>V</i> -			
Signature	Aunt	_ _	aurah		
	11 November	the entire	interest or their representative(s) are required. Submit		
NOTE: Signatures of all the inventor multiple forms if more than one sign	ns or assignees of record of nature is required, see below	y.			

*Total of __3__ forms are submitted.

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	Attorney Docket	No.	Sunil Shaunak		1
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POWER OF	Inventor		m. Do Assim	ed]
ATTORNEY &	Application Nur	nber	To Be Assign	DIMERS AND THEIR	7
CORRESPONDENCE ADDRESS	Title		THERAPEUTI	C APPLICATION	4
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Name		43,49			41
ADAM W. BELL		44,81			4
MATTHEW R. KASER as my/our attorney(s) or a					
the United States Patent a WIPO or European Paten practitioner(s) is/are eligi Record/ change the corre The above-mentioned C Practitioners at Custome	spondence address				
Address below:					
Firm or Individual Name	BELL & ASSO	CIATI	ES		_
Address	1416 FUNSTUN	AVE	NUC		_
City	SAN FRANCIS	SCU	Zi	n 94118	
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I am the: ⊠Applicant/Inventor □ Assignee of record of the	he entire interest. Se F.R. 3.73(b) is enclo	e 37 C.	F.R. 3.71. FormPTO/SB/96) Record	
SIGNATURE OF Applicant of					
Name Elisabetta	Gianasi				
Signature England Continue					
Date 2 12 0 NOTE: Signatures of all the invent	4	f the entir	interest or their repre	sentative(s) are required. Submit	
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		. 37	POLYT 9351 WO-US		
	Attorney Docke	t No.	Sunil Shaunak		
	First Named		Sunii Shaunak		
POWER OF	Inventor		T- D- Assigned		
ATTORNEY &	Application Nu	mber	To Be Assigned GLYCODENDRIMERS AND THEIR		
CORRESPONDENCE ADDRESS	Title		THERAPEUTIC APPLICATION		
INDICATION FORM	Filing Date		10/15/2004		
	Priority Date		04/19/2002		
	Art Unit		To Be Assigned		
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I hereby appoint:					
▼ Practitioners at Customer		39843	or		
☐ Practitioner(s) named belo	w:		N. N		
Name			tration Number		
ADAM W. BELL		43,49			
MATTHEW R. KASER		44,81	1		
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related applications (including an divisionals, continuations) and to transact all business in applications, European and other international applications) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner(s) is/are eligible to practice. Record/ change the correspondence address for the above-identified application to: The above-mentioned Customer Number Practitioners at Customer Number Address below:					
Firm or Individual Name	BELL & ASSO	CIATE	S		
Address	416 FUNSTON				
City	SAN FRANCIS				
Country USA	State CA		Zip 94118		
Telephone (415) 752-4	1085 Fax	(415) 276-6040		
I am the: ⊠Applicant/Inventor □ Assignee of record of the	entire interest. See	sed. (F0	rmP10/3B/90)		
SIGNATURE of Applicant or Assignee of Record					
Name Ruth Dunc	Name Ruth Duncan				
Signature K. Dunce.					
	May 200	55.	section of their representative(s) are required. Submit		
NOTE: Signatures of all the inventors multiple forms if more than one signa	or assignees of record of ture is required, see below	tne entire i	nterest or their representative(s) are required. Submit		
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•	Attorney Do	cket No.	POLYT 9351 WO-US					
•	First Named		Sunil Shaunak					
POWER OF	Inventor							
ATTORNEY &	Application	Number	To Be Assigned					
CORRESPONDENCE	Title		GLYCODENDRIMERS AND THEIR					
ADDRESS	1		THERAPEUTIC APPLICATION					
INDICATION FORM	Filing Date	Filing Date 10/15/2004						
	Priority Dat	e	04/19/2002					
	Art Unit		To Be Assigned					
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I hereby appoint:								
Practitioners at Customer		0039843	or					
☐ Practitioner(s) named below	w:							
Name			ration Number					
ADAM W. BELL		43,49						
MATTHEW R. KASER		44,81	/					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and all								
as my/our attorney(s) or ag	ent(s) to prosec	ute the ap	plication identified above, and all					
related applications (includ	ing all division	als, contir	uations, RCEs, CPAs, CIPs, PCT					
			cations) and to transact all business in					
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☐ Practitioners at Customer ?☐ Address below:	Nutitibet							
Address below.								
Firm or Individual Name	BELL & ASSO	CLATES						
	416 FUNSTO							
	SAN FRANCI							
Country USA	State CA		Zip 94118					
Telephone (415) 752-40			276-6040					
I am the:	1							
☐ Applicant/Inventor								
Assignce of record of the								
Statement under 37 C.F.R								
SIGNA	TURE of Appl	icant or A	Assignee of Record					
Name Polytherics I	Limited							
Signature Steller	>h		Stephen Brocchini, Director					
Date 0 14/1	11/04							
NOTE: Signatures of all the inventors or			rest or their representative(s) are required. Submit					
multiple forms if more than one signatur	e is required, see below	V*						

Rec'd PCT/PTO 15 OCT 2004

		Attorne	y Dock	et No.	POLYT 9351 WO-US	101	- 4	1 7	1 5	
		First Na	med		Sunil Shaunak	10/	DT.	エフ		
POWI	ER OF	Invento	r			_				
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	ONDENCE	Title		·	GLYCODENDRIMERS AND T	HEIR				
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		Priority	Date		04/19/2002				:	•
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		Authori	zed Of	ficer	To Be Assigned					
I hereby appoi	nt:									
☑ Practitioner		_	0000	<u> 39843</u>	or					
☐ Practitioner	(s) named belo	ow:								
Name		· · · · · · · · · · · · · · · · · · ·			ration Number					
ADAM W.				43,490						
MATTHEW	R. KASER			44,817	7					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and all										
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☐ Practitioner								II.	W	
☐ Address be								;	· ·	
Firm or Indiv	ridual Name	BELL & A								
Address		416 FUNS			E					
City		SAN FRA		<u>:O</u>						
	JSA	State	CA		Zip 94118					
Telephone	(415) 752-4	085	Fax	(415)	276-6040					
I am the:			•							
⊠Applicant/li				7 O F D	2.71		l			
☐ Assignee of										
Statement	under 37 C.F.				Assignee of Record					
Name	Sunil Shaun		zhhuca	III OI A	ssignee of Record					
Signature	Juilli Silauli	un			,					
Date										
	of all the inventors of	or assignees of re	cord of the	entire inter	est or their representative(s) are required. Su	bmit				
multiple forms if m										
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	Attorney Dock	et No.	POLYT 9351 WO-US		
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POWER OF ATTORNEY &	Inventor		m		
CORRESPONDENCE	Application No	umber	To Be Assigned		
ADDRESS	Title		GLYCODENDRIMI THERAPEUTIC AP		
INDICATION FORM	Filing Date		03/18/2003		
	Priority Date		04/19/2002		
	Art Unit		To Be Assigned		
	Authorized Of	ficer	To Be Assigned		
I hereby appoint: ☑ Practitioners at Customer N ☐ Practitioner(s) named below Name		39843	or ration Number		
ADAM W. BELL		43,490			
MATTHEW R. KASER		44,817			
MATTIEW R. RASER		77,017			
as my/our attorney(s) or age related applications (includi applications, European and the United States Patent and WIPO or European Patent C practitioner(s) is/are eligible Record/ change the correspondent The above-mentioned Customer Note that the practitioners at Customer Note that the practitioners are Individual Note that the practitioners are practically the practitioners at Customer Note that the practitioners are practically the practitioners at Customer Note that the practitioners are practically the practitioners at Customer Note that the practical p	ng all divisionals other international Trademark Office or Other Part to practice. Ondence address from Number Jumber	s, continual applications applications of the a	uations, RCEs, CPA ations) and to transected therewith, and fice connected there	As, CIPs, PCT eact all business in d in any PCT or ewith where the	
	BELL & ASSOC				
	416 FUNSTON A SAN FRANCISC		E	*****	
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Country USA	State CA	(415)	Zip 941	. 18	
Telephone (415) 752-408	85 Fax	(413)	276-6040		
✓ Applicant/Inventor					
☐ Assignee of record of the er	ntire interest. See 3	7 C.F.R.	3.71.		
Statement under 37 C.F.R.	3.73(b) is enclose	d. (Form	PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record					
Name Elisabetta Gianasi					
Signature					
Date					
NOTE: Signatures of all the inventors or a multiple forms if more than one signature		entire intere	st or their representative(s) a	re required. Submit	
*Total of3 forms are submi					

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	Attorney Dock	et No.	POLYT 9351 WO-US		
	First Named		Sunil Shaunak		
POWER OF	Inventor				
ATTORNEY &	Application Nu	ımber	To Be Assigned		
CORRESPONDENCE ADDRESS	Title		GLYCODENDRIMERS AND THEIR THERAPEUTIC APPLICATION		
INDICATION FORM	Filing Date		03/18/2003		
	Priority Date		04/19/2002		
	Art Unit		To Be Assigned		
	Authorized Of	ficer	To Be Assigned		
I hereby appoint: ☑ Practitioners at Customer N ☐ Practitioner(s) named below		39843_	or		
Name			tration Number		
ADAM W. BELL		43,490			
MATTHEW R. KASER		44,817	7		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and all related applications (including all divisionals, continuations, RCEs, CPAs, CIPs, PCT applications, European and other international applications) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner(s) is/are eligible to practice. Record/ change the correspondence address for the above-identified application to: The above-mentioned Customer Number Practitioners at Customer Number Address below:					
Firm or Individual Name	BELL & ASSOC	IATES			
	416 FUNSTON A				
City	SAN FRANCISC	O			
Country USA	State CA		Zip 94118		
Telephone (415) 752-408	85 Fax	(415)	276-6040		
I am the: ☑Applicant/Inventor ☐ Assignee of record of the entire interest. See 37 C.F.R. 3.71. Statement under 37 C.F.R. 3.73(b) is enclosed. (FormPTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Ruth Duncan					
Signature					
Date					
NOTE: Signatures of all the inventors or multiple forms if more than one signature		entire inter	rest or their representative(s) are required. Submit		
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Rec'd PCT/PTO 3 1 MAY 2005

DECLARAT	DECLARATION FOR UTILITY OR		POLYT9351WO-US
DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named	Shaunak, S.
		Inventor	
		Application Number	To Be Assigned
Declaration	Declaration	Filing Date	Herewith
Submitted with	OR Submitted after Initial	Group Art Unit	Unknown
Initial Filing	Filing (surcharge (37 CFR 1.16(e)) required)	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCODENDRIMERS AND THEIR THERAPEUTIC APPLICATION

The specification of v	vhich	At .
☐ is attached hereto	·	
or		
was filed on 18 N	<u>1arch 2003</u> as PCT International Applica	ntion Number
PCT/GB03/0	and was amended on	(if applicable)
	,	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

Page 1 of 4

PRIORITY CLAIMS

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application (s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
GB 02 09022.3	GB	04/19/2002		N
Additional foreign appli	ication numbers are l	sted on a supplemental priority d	lata sheet PTO/SB/0213 a	attached hereto:

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)
1		

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

X Customer number 00	0039843)							
OR								
Correspondence addre								
Name: Bell & Associates								
								City: San Francisco
***	Telephone: 4	15 752 4985	Fax: 415 276 6040					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on in are believed to be true; and further that these statements were made with the knowledge that willful false statement made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statement validity of the application or any parent issued thereon.								
NAME OF SOLE OR	FIRST INVENTOR:		a petition has been filed for this unsigned inventor					
Given Name (first and mide	ile, if any)	Surname	•					
Sunil			Shaunak.					
Inventor's Signature Shannah		Date 11 November 2004						
Residence: City	State	Country	Citizenship					
Residence: City		Great Britai	n / British					
Mailing Address: Department of Infecti	ous Diseases, Imperial C		5/1/					
Mailing Address: Department of Infection DuCane Road City	ous Diseases, Imperial C		5/1/					
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Mailing Address: Department of Infection DuCane Road City London	ous Diseases, Imperial C State INVENTOR:	ollege London, I Zip W12 ONN a petition inventor Surname Gianasi	Hammersmith Hospital, Country Great Britain					
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Mailing Address: Department of Infection DuCane Road City London NAME OF SECOND Given Name (first and midelisa betta Inventor's Signature	ous Diseases, Imperial C State INVENTOR:	ollege London, I Zip W12 ONN a petition inventor Surname Gianasi	Hammersmith Hospital, Country Great Britain has been filed for this unsigned					
Mailing Address: Department of Infection DuCane Road City London NAME OF SECOND Given Name (first and midelisa betta Inventor's	ous Diseases, Imperial C State INVENTOR: dle [if any])	ollege London, I Zip W12 ONN a petition inventor Surname Gianasi Date	Hammersmith Hospital, Country Great Britain has been filed for this unsigne					
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Mailing Address: Department of Infection DuCane Road City London NAME OF SECOND Given Name (first and midelisa betta Inventor's Signature Residence: City Bologna Mailing Address:	ous Diseases, Imperial C State INVENTOR: dle [if any])	ollege London, I Zip W12 ONN a petition inventor Surname Gianasi Date Country	Hammersmith Hospital, Country Great Britain has been filed for this unsigne Citizenship					

Page 3 of 4

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DIRECT ALL CORRES		ENCE TO:						
X Customer number 00003	39843							
Correspondence address below.								
Name: Bell & Associates								
Address: 416 Funston Ave	nue, Sui	te 100		72 04119				
City: San Francisco	S	tate: CA		Zip: 94118 Fax: 415 276 6040				
Country: USA Telephone: 41:			and that all statements made on information or belief					
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impris- validity of the application or any parer	n mese stater onment, or b	oth, under 18 U.S.C.	h the knowledge that the look and that such w	wilful false statements and the like so filful false statements may jeopardize the				
NAME OF SOLE OR FIR	RST INV	ENTOR:	a petition has	a petition has been filed for this unsigned inventor				
Given Name (first and middle, i			Surname					
Sunil			Shaunak					
Inventor's			Date					
Signature								
Residence: City London	State		Country Great Britain	Citizenship British				
Department of Infectious DuCane Road City London	State		Zip W12 0NN	Country Great Britain				
NAME OF SECOND INVENTOR:		a petition has been filed for this unsigned						
		inventor						
Given Name (first and middle [if any])		Surname Gianasi						
Elisabetta			Date					
Signature Control C			Q2 Q Q4					
Residence: City	State		Country	Citizenship Italian				
Bologna			Italy	Italian				
Mailing Address: Via Parisio, 32								
City Bologna	State		Zip I-40137	Country Italy				
Additional inventors are being	named on th	e <u>one</u> supplem	ental Additional Inven	ntor(s) Sheet(s) PTO/SB/02A attached				

Page 3 of 4

Supplemental Additional Inventor(s) Sheet

. [Name of Additional Joint Inventor:		a petition has been filed for this unsigned inventor			
	Given Name (first and middle [if any])		Family Name Or Surname			
\mathcal{Y}	Ruth		Duncan			
-	Inventor's Signature	اسد.	Date 10th May 2005.			
	Residence: City Cardiff	State	Country Great Britain	Citizenship British		
	Mailing Address: Welsh School of Pharr Avenue	nacy, Cardiff University	y Redwood Building, King Edward VII			
	City Cardiff	State	Zip CF10 3XF	Country Great Britain		
	Name of Additional Jo	oint Inventor:	a petition has been filed for this unsigned inventor			
	Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address		Family Name Or Surname			
			Date Country Citizenship			
	City	State	Zip	Country		
	Name of Additional Joint Inventor: Given Name (first and middle [if any]) Inventor's Signature		a petition has been filed for this unsigned inventor			
			Family Name Or Surname			
			Date			
;	Residence: City	State	Country	Citizenship		
	Mailing Address					
•	Mailing Address					
_	City	State	Zip	Country		

Supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A

Page 4 of 4